#### Original (for SUBMISSION)

0	For receiving Office use only	
0-1	International Application No.	
0-2	International Filing Date	
0-3	Name of receiving Office and "PCT International Application"	
0-4	Form PCT/RO/101 PCT Request	
0-4-1	Prepared Using	PCT-SAFE [EASY mode]
		Version 3.50 (Build 0002.162)
0-5	Petition	
	The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty	
0-6	Receiving Office (specified by the applicant)	European Patent Office (EPO) (RO/EP)
0-7	Applicant's or agent's file reference	JXP-PB60390
l	Title of Invention	NOVEL COMPOUNDS
11	Applicant	
11-1	This person is	applicant only
11-2	Applicant for	all designated States except US
11-4	Name	GLAXO GROUP LIMITED
II-5	Address	Glaxo Wellcome House Berkeley Avenue Greenford Middlesex UB6 ONN United Kingdom
II-6	State of nationality	GB
II-7	State of residence	GB
II-8	Telephone No.	020 8047 5000
11-9	Facsimile No.	
•		020 8047 6894

#### Original (for SUBMISSION)

III-1	Applicant and/or Inventor			
III-1-1	This person is	applicant and inventor		
III-1-2	Applicant for	US only		
III-1-4	Name (LAST, First)	BIGGADIKE, Keith		
III-1-5	Address	GlaxoSmithKline		
	}	Gunnels Wood Road		
		Stevenage		
		Hertfordshire		
	1	SG1 2NY		
		United Kingdom		
III-1-6	State of nationality	GB		
-1-7	State of residence	GB		
111-2	Applicant and/or inventor			
III-2-1	This person is	applicant and inventor		
111-2-2	Applicant for	US only		
III-2-4	Name (LAST, First)	JOHN, Matthew, Peter		
111-2-5	Address	GlaxoSmithKline		
		Gunnels Wood Road		
		Stevenage		
		Hertfordshire		
		SG1 2NY		
		United Kingdom		
111-2-6	State of nationality	GB		
111-2-7	State of residence	GB		
111-3	Applicant and/or inventor			
III-3-1	This person is	applicant and inventor		
111-3-2	Applicant for	US only		
111-3-4	Name (LAST, First)	NEEDHAM, Deborah		
111-3-5	Address	GlaxoSmithKline		
		Gunnels Wood Road		
		Stevenage		
		Hertfordshire		
		SG1 2NY		
		United Kingdom		
III-3- <del>6</del>	State of nationality	GB		
111-3-7	State of residence	GB		

#### Original (for SUBMISSION)

IV-1	Agent or common representative; or address for correspondence	
	The person identified below is hereby/ has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:	agent
IV-1-1	Name (LAST, First)	PRITCHARD, Judith
IV-1-2	Address	GlaxoSmithKline Corporate Intellectual Property (CN925.1) 980 Great West Road Brentford Middlesex TW8 9GS United Kingdom
IV-1-3	Telephone No.	0143 876 8610
IV-1-4	Facsimile No.	020 8047 6895
v	DESIGNATIONS	
V-1	The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.	
VI-1	Priority claim of earlier national	
VI-1-1	application Filing date	  11 July 2003 (11.07.2003)
VI-1-2	Number	0316290.6
VI-1-3	Country	GB
VII-1	International Searching Authority Chosen	European Patent Office (EPO) (ISA/EP)
VIII	Declarations	Number of declarations
VIII-1	Declaration as to the identity of the inventor	-
VIII-2	Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent	-
VIII-3	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application	-
VIII-4	Declaration of inventorship (only for the purposes of the designation of the United States of America)	
VIII-5	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty	-

#### Original (for SUBMISSION )

iX	Check list	number of sheets	electronic file(s) attached
IX-1	Request (including declaration sheets)	4	/
IX-2	Description	39	-
IX-3	Claims	8	-
IX-4	Abstract	1	1
IX-5	Drawings	0	-
IX-7	TOTAL	52	<del></del>
	Accompanying Items	paper document(s) attached	electronic file(s) attached
IX-8	Fee calculation sheet	1	-
IX-13	Priority document(s)	Item(s) VI-1	-
IX-17	PCT-SAFE physical media	-	/
IX-19	Figure of the drawings which should accompany the abstract		
IX-20	Language of filing of the International application	English	
X-1	Signature of applicant, agent or common representative	Judith Pritchever.	
X-1-1	Name (LAST, First)	PRITCHARD, Judith	
X-1-2	Name of signatory		
X-1-3	Capacity		

#### FOR RECEIVING OFFICE USE ONLY

10-1	Date of actual receipt of the purported international application	
10-2	Drawings:	
10-2-1	Received	
10-2-2	Not received	
10-3	Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application	
10-4	Date of timely receipt of the required corrections under PCT Article 11(2)	
10-5	International Searching Authority	ISA/EP
10-6	Transmittal of search copy delayed until search fee is paid	

# FOR INTERNATIONAL BUREAU USE ONLY

11-1	Date of receipt of the record copy by the International Bureau	

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# 1/2 PCT REQUEST (ANNEX - FEE CALCULATION SHEET) Original (for SUBMISSION) (This sheet is not part of and does not count as a sheet of the international application)

0	For receiving Office use only		T		
0-1	-				
0-1	International Application No.  Date stamp of the receiving Office				
	Date stamp of the receiving Office				
0-4					
U-4	Form PCT/RO/101 (Annex) PCT Fee Calculation Sheet				
0-4-1	Prepared Using		PCT-SAFE [RAS: Version 3.50	Y mode]	
0-9	Applicant's or agent's file reference	e	JXP-PB60390	(Bulla 0002.16	(2)
2	Applicant		GLAXO GROUP L	TMTTPD	
12	Calculation of prescribed fees		fee amount/mulipfier		
12-1	Transmittal fee	T		Total amounts (EUR)	
12-2-1	Search fee	s	9	1550	
12-2-2	International search to be carried out	by	RP		
12-3	International filing fee				
	(first 30 sheets)	i1	902		
12-4	Remaining sheets		22		
12-5	Additional amount	(X)	10		
12-6	Total additional amount	i2	220		
12-7	i1 + i2 =	i	1122		
12-12	EASY Filing reduction	R	-64		
12-13	Total International filing fee (i-R)	1	Ŷ	1058	
12-14	Fee for priority document				
	Number of priority documents requested		0		
12-15	Fee per document	(X)	30	•	
12-16	Total priority document fee:	P	\$		
2-17	TOTAL FEES PAYABLE (T+S+I+P)	$\neg$	♦	2708	
2-19	Mode of payment		authorization		ogit account
2-20	Deposit account instructions	_		go uop	obit decedane
	The receiving Office		<b>European Paten</b>	+ Office (PDO	(20/22)
2-20-1	Authorization to charge the total fees indicated above		/	c office (BPO	(RO/EP)
2-20-2	Authorization to charge any deficiency credit any overpayment in the total fee indicated above	Of S	/		
2-21	Deposit account No.	<u> </u>	28050015		
2-22	Date		30 June 2004 (	30.06.2004)	
2-23	Name and signature		PRITCHARD, Jud		· · · · · · · · · · · · · · · · · · ·
		}		Johns	

REMARKS

JXP-PB60390

# 2/2 PCT REQUEST (ANNEX - FEE CALCULATION SHEET) Original (for SUBMISSION) (This sheet is not part of and does not count as a sheet of the international application)

13-1-1	Applicant Remarks	Description, claims and abstract may contain Greek characters. Formula has not been provided in the abstract text but does appear in the hard copy.
		<u> </u>

# Original (for SUBMISSION )

13-1-1	Applicant Remarks	Description, claims and abstract may contain Greek characters.
13-1-2	Applicant Remarks	Formula has not been provided in the abstract text but does appear in the hard copy.
13-2-7	De order	
13-2-7	Validation messages Contents	Yellow! The power of attorney or a copy of the general power of attorney will need to be furnished unless all applicants sign the request form.
	Validation messages Contents	Green? The international application contains no drawings. Please verify.
13-2-9	Validation messages Payment	Green? Please ensure that you have a valid deposit account with the receiving Office selected.
13-2-10	Validation messages Annotate	Green? All indications that can be made on the Request form are specifically provided for by the software. Please confirm validity of additional indication.